



Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

July 22, 2008

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of The Italian Wine Distributors, 5310 South 56<sup>th</sup> Street requesting a class X wholesale liquor license.

This location will be used to store wine for wholesale to other locations.

Mark McDonald will be the owner of this liquor license. Mr. McDonald resume has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



# APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov/

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### CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CHECK DESIRED CLASS(S)

NEBRASKA LIQUOR  
CONTROL COMMISSION

#### RETAIL LICENSE(S)

- |                          |   |   |         |
|--------------------------|---|---|---------|
| <input type="checkbox"/> | A | BEER, ON SALE ONLY                            | \$45.00 |
| <input type="checkbox"/> | B | BEER, OFF SALE ONLY                           | \$45.00 |
| <input type="checkbox"/> | C | BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE | \$45.00 |
| <input type="checkbox"/> | D | BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY | \$45.00 |
| <input type="checkbox"/> | I | BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY  | \$45.00 |

Class K Catering license may be added to any of these classes with the filing of the appropriate form and fee of \$100.00

#### MISCELLANEOUS

- |                                     |   |                          |                        |                       |
|-------------------------------------|---|--------------------------|------------------------|-----------------------|
| <input type="checkbox"/>            | L | Craft Brewery (Brew Pub) | \$295.00               | \$1,000 minimum bond  |
| <input type="checkbox"/>            | O | Boat                     | \$ 95.00               |                       |
| <input type="checkbox"/>            | V | Manufacturer             | \$ 45.00(+license fee) | \$10,000 minimum bond |
| <input type="checkbox"/>            | W | Wholesale Beer           | \$545.00               | \$5,000 minimum bond  |
| <input checked="" type="checkbox"/> | X | Wholesale Liquor         | \$795.00               | \$5,000 minimum bond  |
| <input type="checkbox"/>            | Y | Farm Winery              | \$295.00               | \$1,000 minimum bond  |
| <input type="checkbox"/>            | Z | Micro Distillery         | \$295.00               | \$1,000 minimum bond  |

All Class C licenses expire October 31<sup>st</sup>

All other licenses expire April 30<sup>th</sup>

Catering expire same as underlying retail license

#### TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- ☒ Individual License (requires insert form 1)  
☐ Partnership License (requires insert form 2)  
☐ Corporate License (requires insert form 3a & 3c)  
☐ Limited Liability Company (requires form 3b & 3c)

#### NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION (commission will call this person with any questions we may have on this application)

Name \_\_\_\_\_ Phone number: \_\_\_\_\_

Firm Name \_\_\_\_\_

## PREMISE INFORMATION

Trade Name (doing business as) THE ITALIAN VINE: WINE DISTRIBUTORS

Street Address #1 5310 S. 56<sup>th</sup> ST.

Street Address #2 \_\_\_\_\_

City LINCOLN County LANCASTER Zip Code 68516

Premise Telephone number (505) 235-0552 (cell PHONE ACCESSIBLE 24/7)

Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mail address (where you want receipt of mail from the commission)

Name MARK McDONALD

Street Address #1 5530 GROUSE PLACE

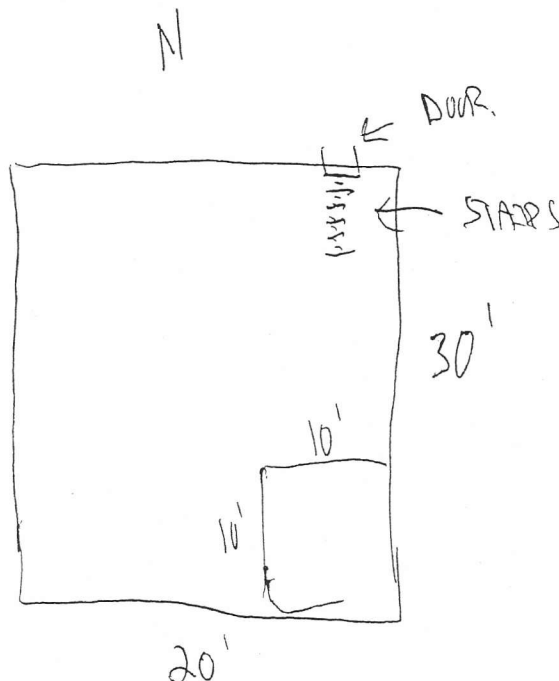
Street Address #2 \_\_\_\_\_

City LINCOLN County LANCASTER Zip Code 68516

## DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

✓ Edgewood Dental  
Building 10x10 in  
Basement



## APPLICANT INFORMATION

### 1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

### 2. Are you buying the business and/or assets of a licensee?

☐ YES ☒ NO

If yes, give name of business and license number

- a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.
- b) Include a list of alcohol being purchased, list the name brand, container size and how many?

### 3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☐ YES ☒ NO

If yes, attach temporary agency agreement form and signature card from the bank.

**This agreement is not effective until you receive your three (3) digit ID number from the Commission.**

### 4. Are you borrowing any money from any source to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender

### 5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application.

### 6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such items and the owner.

### 7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain.

No silent partners

8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

NWY FEDERAL CREDIT UNION / MARK & KIM McDONALD

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. [Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

N/A

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.

MARK McDONALD / 10 HOURS

13. List the training and/or experience (when and where) of the person lists in #12 above in connection with selling and/or serving alcoholic beverages.

SUBMITTAL MANAGEMENT AND LEADERSHIP TRAINING / EXPERIENCE THROUGH 20 YEARS MILITARY EXPERIENCE

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☐ Lease: expiration date

☐ Deed

☐ Purchase Agreement

sub lease

15. When do you intend to open for business?

AUGUST 2008

16. What will be the main nature of business?

WINE DISTRIBUTION

17. What are the anticipated hours of operation?

9 A.M. - 5 P.M.

18. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
NAPLES ITALY	2005	2007	NAPLES ITALY	2005	2007
HONOLULU, HI	2003	2005	HONOLULU, HI	2003	2005
NEWPORT, RI	2007	2003	NEWPORT, RI	2007	2003
VIRGINIA BEACH, VA	1995	2007	VIRGINIA BEACH, VA	1995	2007

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

✓ *MH McDaniel*  
Signature of Applicant

✓ *Kimberly P McDaniel*  
Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

State of Nebraska

County of *Lincoln*

The foregoing instrument was acknowledged before me this *July 14, 2008* by

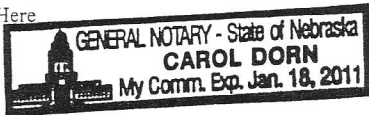
✓ *Carol Dorn*  
Notary Public signature

County of *Lincoln*

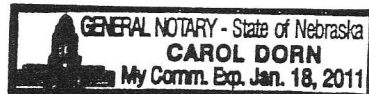
The foregoing instrument was acknowledged before me this *July 14, 2008* by

✓ *Carol Dorn*  
Notary Public signature

Affix Seal Here



Affix Seal Here



**APPLICATION FOR LIQUOR LICENSE  
INDIVIDUAL  
INSERT - FORM 1**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

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**NEBRASKA LIQUOR  
CONTROL COMMISSION**

**Individual applicants, including spouse, are required to adhere to the following requirements**

- 1) Must be a citizen of the United States**
- 2) Must be a Nebraska resident (Chapter 2 - 006)**
- 3) Must provide a copy of their certified birth certificate or INS papers**
- 4) Must submit their fingerprints (2 cards per person)**
- 5) Must sign the signature page of the Application for License form**
- 6) Applicant may be required to take a training course**

Name of individual applicant who will hold license

Last Name: McDonald

First Name: Mark MI: H

Home Address: 5530 Grouse Place City: Lincoln Zip Code: 68516

Social Security Number: Date of Birth:

Home Telephone Number: (402) 770-6244

Drivers License Number: State: NE

Are you married? (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

☒ YES

☐ NO

If yes, provide your spouse's information below

Spouses Last Name: McDonald

Spouses First Name: Kimberly MI: R

Social Security Number: Date of Birth:

Drivers License Number: State: NE

In compliance with the ADA, this individual insert form 1 is available in other formats for person with disabilities.  
A ten day advance period is required in writing to produce the alternate format.

FORM 35-4182  
REVISED 05/2007



**Vox Optima, LLC**  
**MARK MCDONALD**

**Years of Experience: 20**

**Clearance: TOP SECRET SCI**

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**UNIQUE/SPECIAL QUALIFICATIONS**

- Public relations and corporate communications executive with fifteen years' experience in public relations, and additional experience in personnel management and development, recruiting and electronics management.
- Senior executive communication strategist and media relations advisor.
- Crisis communications. Senior public relations manager for military humanitarian assistance/disaster relief following the 2004/2005 Tsunami in Indonesia and Thailand.
- Significant international relations experience. Completed successful public relations campaigns in Southeast Asia, Europe and Africa.
- Special Event Planning and Execution. Conceived and executed the 2<sup>nd</sup> largest annual motorcycle rally in the state of Virginia.
- Community Relations leader. Lead officer for Fleet Week New York City and Fleet Week Hampton Roads for two years.

**EDUCATION**

B.S. Business Administration, University of Nebraska, Lincoln, Nebraska, 1987.

M.A. Communication, University of Oklahoma, Norman, Oklahoma, 1997

M.A. National Security and Strategic Studies, U. S. Naval War College, Newport, R.I., 2003

**TRAINING AND CERTIFICATIONS**

Public Affairs Officer Course, Defense Information School, 1993.

Holds Top Secret clearance. SSBI completed 2004.

**POSITIONS HELD/WORK EXPERIENCE**

**Vox Optima**

**Director, Western Region, 2007-current**

- Developed communication needs assessment and communication strategy for U. S. Fleet Forces
- Developing communication strategy for Navy League of the U. S. support for commissioning of USS George Herbert Walker Bush CVN-77

**Naval Forces Europe and Africa, Naples, Italy**

**Director of Communication, 2005-2007**

- Developed and executed the communication strategy for the U. S. Navy in Europe and Africa.
- Developed integrated communication campaign for Commander, Navy Europe and Africa in Africa. Executed high visibility media relations events with the commander in Ghana, Nigeria, South Africa and Sao Tome and Principe.



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- Directed communication effort for presidential visits from Montenegro, Algeria and Croatia to U. S. Navy ships including a Medal of Honor Ceremony aboard an aircraft carrier.
- Recognized leader in Strategic Communication. Architect of the first Strategic Communication organization in the European Theater.
- Expanded visibility of Navy Europe Band as a communication tool. Increased visibility from less than 50,000 viewers to over 750,000 viewers a year.

**United States Navy Pacific Fleet, Honolulu, Hawaii**  
**Deputy Director of Communication, 2003-2005**

- Recognized for outstanding performance as lead public affairs officer for Combined Information Bureau supporting U. S. Military Humanitarian Assistance/Disaster Relief efforts following the 2004 Tsunami in Southeast Asia.
- Expanded Pacific Fleet Band outreach by more than 50%. Increased Navy visibility in Southeast Asia and India to over 1 million views.
- Developed and executed Navy "Meet the Fleet" program, bringing civilian leaders and government officials to Navy bases. The program has served over 100 senior people and the program remains strong today.
- Developed the strategy and executed media relations effort for marine mammal impact in the Pacific Northwest. This effort resulted in the Navy gaining public acceptance as a champion for marine mammals in this region.

**Navy Region Mid-Atlantic, Norfolk, Virginia**  
**Director of Communication 2000-2002**

- Served as key public information officer following the attack on the USS Cole. Coordinated interviews with ABC's Good Morning America, NBC's Today Show, CNN and other national media.
- Developed the public communication strategy for the establishment of the USS Wisconsin as a tourist attraction for downtown Norfolk.
- Key coordinator for two presidential visits to Norfolk Navy Installations for President George W. Bush.

**U. S. Navy Atlantic Fleet, Norfolk, Virginia**  
**Director of Media Relations**

- Lead Navy spokesman for all key issues involving the world's largest fleet.
- Earned reputation with national, international and local media for professional competence and accuracy.
- Created and managed the Navy's most effective and widely used media training program.

**PROFESSIONAL AFFILIATIONS**

Rotary International  
U.S. Navy League  
Chamber of Commerce  
University of Nebraska Letterman's Club

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NEBRASKA LIQUOR  
CONTROL COMMISSION

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE  
JUL 28 1989  
LINCOLN, NEBRASKA

*Stanley S. Cooper*  
STANLEY S. COOPER, DIRECTOR  
BUREAU OF VITAL STATISTICS

STATE OF NEBRASKA DEPARTMENT OF HEALTH Bureau of Vital Statistics CERTIFICATE OF LIVE BIRTH				BIRTH NO. 126.....	
PHS-796(VS) REV. 12-64 FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE				66 09990	
1. PLACE OF BIRTH a. COUNTY <u>W-420</u> b. CITY (If outside corporate limits, write RURAL) <u>Otoe</u> OR TOWN <u>Nebraska City, Nebraska</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Nebraska</u> b. COUNTY <u>Otoe</u> c. CITY (If outside corporate limits, write RURAL) <u>Nebraska City, Nebraska</u> OR TOWN <u>Nebraska City, Nebraska</u> d. STREET ADDRESS <u>R.R.#2</u> Inside City Limits? Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. CHILD'S NAME (Type or print) a. (First) <u>Kimberly</u> b. (Middle) <u>Renae</u> c. (Last) <u>Wells</u>		4. SEX <u>female</u> 5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> 5b. If TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 6. DATE OF BIF (Month) (Day) (Year)			
FATHER OF CHILD					
7. FULL NAME a. (First) <u>John</u> b. (Middle) <u>Howard</u> c. (Last) <u>Wells</u>		8. COLOR OR RACE <u>white</u>			
9. AGE (At time of this birth) <u>21</u> Yrs.		10. BIRTHPLACE (City, town, or county) (State or foreign country) <u>Michigan</u>		11a. USUAL OCCUPATION <u>USAF</u> 11b. KIND OF BUSINESS OR INDUSTRY	
MOTHER OF CHILD					
12. FULL MAIDEN NAME a. (First) <u>Carol</u> b. (Middle) <u>Jean</u> c. (Last) <u>Fahrenholtz</u>		13. COLOR OR RACE <u>white</u>			
14. AGE (At time of this birth) <u>21</u> Yrs.		15. BIRTHPLACE (City, town or county) (State or foreign country) <u>Nebraska City, Nebraska</u>		16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? <u>0</u> b. How many OTHER children were born alive but are now dead? <u>0</u> c. How many children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT'S SIGNATURE OR NAME—Relationship <u>Mrs. Carol Wells</u> mother					
I hereby certify that this child was born alive on the date stated above at <u>7:39 A.M.</u>		18a. SIGNATURE <u>William C. Koenig</u> 18c. ADDRESS <u>Nebraska City, Nebraska</u>		18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)	
20. DATE REC'D BY LOCAL REG. <u>Mar 17-1966</u>		21. REGISTRAR'S SIGNATURE <u>Ethel Ruckel</u>		19. MOTHER'S MAILING ADDRESS <u>Mrs. John H. Wells</u> <u>R.R.#2</u> <u>Nebraska City, Nebraska</u>	